## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000093000

Entity Name: 2909 W.A.K. CORPORATION

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1414 W. SWANN AVE STE 100 TAMPA, FL 33606 US				1414 W SWANN AVE STE 100 TAMPA, FL 33606 US			
Current Mailing Address:				New Mailing Address:			
STE 100	414 W. SWANN AVE STE 100 AMPA, FL 33606 US			1414 W SWANN AVE STE 100 TAMPA, FL 33606 US			
FEI Number: 5	59-3349534	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
KRUSEN, WILLIAM A JR 1414 W. SWANN AVE, STE 100 TAMPA, FL 33606 US				KRUSEN, WILLIAM A JR 1414 W SWANN AVE, STE 100 TAMPA, FL 33606 US			
The above r in the State		submits this statement for the pu	rpose o	f changing it	s registered (	office or registered agei	nt, or both,
SIGNATURE:				04/20/2009			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KRUSEN, WII	ANN AVE. STE 100		Title: Name: Address: City-St-Zip:	KRUSEN, WIL	NN AVE, STE 100	
Title: Name: Address: City-St-Zip:	KRUSEN, WII	ANN AVE, STE 100		Title: Name: Address: City-St-Zip:	KRUSEN, WIL	NN AVE, STE 100	
Title: Name: Address: City-St-Zip:	D ( KRUSEN, CH 781 5TH AVE NEW YORK, I	, APT 614		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TS ( JONES, DOU 1414 W. SWA TAMPA, FL 3	G ANN AVE., STE 100		Title: Name: Address: City-St-Zip:	JONES, DOUG	NN AVE, STE 100	
Title: Name: Address: City-St-Zip:	DVP ( MEYJES, PAN 350 E. 57TH S NEW YORK, I	ST APT 15B		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS N JONES TS 04/20/2009